11th Annual International HOT TOPICS in Liver Disease Conference

REGISTRATION FORM

October 9, 2010 ***(Please print or type legibly)***

NAME: _____
(Last) (First) (MI) (Degree)

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE# (WORK): _____ **(HOME):** _____

FAX #: _____ **E-MAIL ADDRESS (req):** _____

SPECIALTY: _____ **Last four digits of SSN:** _____
(Required for CME)

REGISTRATION FEES:	**Prior to 10/1/2010**	**After 10/1/2010**
Physicians	☐ $100.00	☐ $175.00
Other Health Care Professionals	☐ $ 50.00	☐ $ 75.00
Friday Golf Tournament	☐ $ 60.00	☐ $ 60.00

AMOUNT PAID
Registration Fee ……$ _____

Special: $10 off each registration if you register 5 or more ($40/person). If you register 2 physicians then we will offer 1 free Other Health Care Professional registration or $25 off a physician registration ($75/person)

NO REFUNDS AFTER SEPTEMBER 17, 2010

We do have limited scholarships available for physicians and nurses who work with the underserved, fellows, interns and medical students. Please contact Heather Guerrero directly to see if you qualify.

NOTE: If pre-registered - no paying at the door. Need to prepay.

METHOD OF PAYMENT: ☐ **Cash** ☐ **Check** ☐ **Credit Card** (○ **MC** ○ **V** ○ **AX** ○ **DC**)

_____ _____ _____
CARD NUMBER **EXPIRATION DATE** **SECURITY CODE**

_____ **Info taken over phone** _____
AUTHORIZED SIGNATURE **INITIALS**

☐ **SAME ADDRESS AS ABOVE** ☐ **ADDRESS:** _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE: _____

Make checks payable to: **St. Luke's Texas Liver Coalition**

Return Registration Form and Payment to: Heather Guerrero
St. Luke's Center for Liver Disease
6620 Main Street, Suite 1505
Houston, TX 77030
Ph: 832-355-5119

WITH CREDIT CARD PAYMENT, YOU MAY FAX COMPLETED REGISTRATION FORM TO 832-355-5550 OR 713-610-2362

REGISTER ONLINE AT www.liverhottopics.com